



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 4682

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER 10/705,624 | FILING DATE 11/10/2003 RULE | CLASS 005 | GROUP ART UNIT 3673 | ATTORNEY DOCKET NO. 1782.0 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|

APPLICANTS

James A. Foggett, Palm Harbor, FL;
 Christopher James Foggett, Holiday, FL;

** CONTINUING DATA *NONE*** FOREIGN APPLICATIONS *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/10/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS | TOTAL | INDEPENDENT |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------|-----------|-----------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | FL | DRAWING 6 | CLAIMS 20 | CLAIMS 3 |
| Verified and Acknowledged Examiner's Signature <i>nicole</i> | Initials <i>nicole</i> | | | | |

ADDRESS

22497
 LARSON AND LARSON
 11199 69TH STREET NORTH
 LARGO , FL
 33773

TITLE

Heated inflatable air bed

| | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
| RECEIVED 385 | | |